

Restorative Retelling: Accommodating Bereavement After the Violent Death of a Loved One

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Links to Manual

www.vdbs.org

Accommodation To Violent Dying Training
manual (English, Arabic, Hebrew)

Objectives of Webinar

1. Description of Restorative Retelling (RR).
2. Understanding the relationship between trauma and separation distress after an unexpected (violent) loss.
3. Understanding the significance of the 'retelling' dynamic for torture survivors after a violent death.
4. Special considerations before beginning a RR group.
5. Understand how the RR model was applied with Iraqi and Syrians in Jordan.

Objectives of Webinar

1. Describe how Restorative Retelling focuses on decreasing both the trauma symptoms and grief experience after a violent death of a loved one.
2. Understand the significance of the 'retelling' dynamic for torture survivors after a violent death
3. Recognize how and when to use this model with torture survivors, taking into consideration the barriers survivors face when moving through the grief process.
4. Understand the characteristics needed of a group facilitator working with survivors in this context.
5. Learn how the Restorative Retelling model was applied with Iraqi and Syrian torture survivors in Jordan.

Development of Restorative Retelling (RR)

Developed by Edward Rynearson, MD (1999).

Intervention Objective:

to address unresolved trauma and separation distress due to unexpected death of family and friends.

Expected vs Unexpected Death

Expected death (disease, old age):

Not violent, expected, preparation

Opportunity to say goodbye
 Opportunity to provide comfort
 Opportunity to find a role for yourself somewhere in the person's dying
 > caregiver
 > spouse/sibling/friend
 Understanding of why the person could not be saved
 Opportunity to find peace with the loss

Expected vs Unexpected Death (continued)

Unexpected death (homicide, suicide, accident, war):

Violent and Sudden

Mourn the loss of the person and forced to adjust to the unnatural way s/he died
 No opportunity to say goodbye
 No opportunity for adjustment
 No place for yourself in the death scenario
 Unable to provide comfort at the time of death

Responses to Unexpected (Violent) Death

Traumatic Distress

Thoughts: Reenactment of dying
Feelings: Terror, horror
Behavior:
 Avoidance of reminders of the dying

Separation Distress

Reunion with the deceased
 Longing and Sorrow
 Searching (voluntary or involuntarily for the person)
 Protection of self and others

Trauma Distress

- The survivor creates a beginning, middle and end
- When unseen, the story becomes an intense and terrifying reenactment.
- Focus: last thoughts, feelings and behaviors of the deceased.
- Replaying and reenacting

Prolonged reenactment = the most specific clinical sign associated with traumatic grief.

Separation Distress

- Permanent loss and separation from the relationship
- Permanent loss of:
 - Income
 - Home
 - Family structure
 - Personal identity
 - Community
 - Security

Adding to trauma and separation distress:

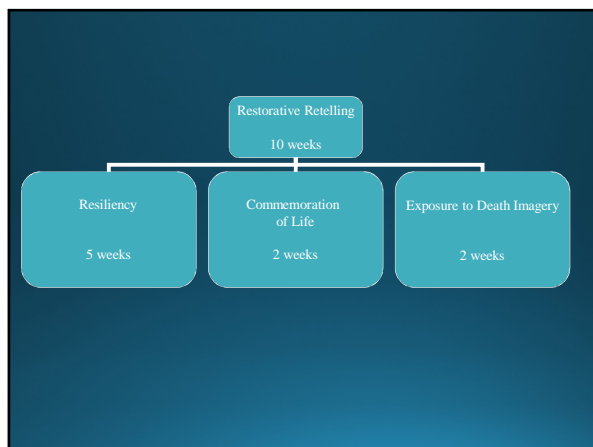
- Media coverage of the death (paper, tv, radio)
- Questioning by police, military, government
- Community response
- Ongoing conflict

Unique Characteristics Affecting Grief Process

- **Concept of martyrdom**
inability to express true grief and feelings of loss
"God's will"
- **Stigma related to type of death**
suicide
rape previous to murder
- **View or Concept of God (higher power)**
a vengeful/angry God who seeks retribution for wrongdoing
- **Inability to participate in death rituals**
viewing/cleaning the body
- **Inability to participate in burial rituals**
- **Societal expectations around grieving**
limited social interaction
inability to express other emotions when experienced spontaneously
(pleasure, relief, joy)
- **Permanent separation: displacement or resettlement outside of the country**

Format of RR

1. Group Format
 - 90 minutes
 - 10 consecutive sessions (more if needed)
 - 10 participants
 - 2 co-facilitators
2. Structure of Sessions
 - Resilience (Week 1 – 5)
 - Commemoration of life and memory (Week 6-7)
 - Exposure to intrusive and distressing sights, smells, sounds (Week 8-9)
 - Introduction to Friends/Family (Week 10)
 - Closing / Preparation for group reunion (Week 10)
 - Follow up = 2-3 weeks (stable vs needing individual or f/u group)



Alternate Formats

Weekend therapeutic retreat (family or individuals)

Rewards:

1. Deep shared experience with no escape
2. Participation throughout entire 3 days (ability to build trust/cohesion quickly)
3. Stacking, layering and building (continuous building of pressure)
4. Forced to process in real time

Risks:

1. Compressed time to process
2. Lack of therapeutic alliance with co-facilitators/participants
3. Lack of rest for clients/co-facilitators

What Worked?

1. Need for experienced co-facilitators
2. Unwavering trust amongst co-facilitators
3. Past group members as peer-facilitators
4. Leaning into the 'heat' and intensity can be a good thing
5. Light-hearted, brief decompression activities between sessions - planned and spontaneous (loud, upbeat music, (lighthearted) story telling of loved one, food/desserts)

Development of RR Support Group

Participant Characteristics

1. Experience of a unexpected/violent death of loved one (approx 6 mo or longer)
2. Ability to withstand the RR process (hearing others' story, sharing their own, if possible)
3. Mental health issues (depression vs schizophrenia or suicidal ideation)
4. Careful consideration around personality disorders and paranoia in participants.

Characteristics of Facilitator / Interpreter

- Comfort working with a group
- Taking cues from the group around distress (PTSD, anxiety, panic)
- Comfort with high levels of emotion (sadness, anger, fear)
- Being aware of personal reactions
- Comfort with the 'unknown'
 - Meaning around the death
 - Meaning of life
 - Changes in spirituality/religious beliefs
 - Ambiguity around the loss itself. The process of accommodating the loss is ongoing.
- Loss/grief history of facilitator and interpreter

Lessons Learned About RR

What benefits the process?

The best approach is an integrated approach.

1. Evidence-based Techniques (PTSD, depression, grief separately)
2. Relaxation/Meditation/Guided Imagery
3. Psycho-education:
 - signs/symptoms of grief
 - what can be expected: physically, emotionally, spiritually, cognitively, socially
4. Assist in finding *new meaning* to the life and/or death

Questions to Consider

- In general, what do you think would be helpful to address in the following scenarios?
- Are there specific areas of trauma or grief you think would be helpful to address?

Case Study 1: witness to death

Background:

Syrian man married x5 yrs. 2 young children. Attack of the neighborhood. Wife (22 y.o.) died suddenly, in the home, before attack occurred. Husband was cradling wife during death.

Man remembers wife holding knife, threatening suicide vs possible rape/murder by assailants.

Man carried wife through the street trying to get to hospital emergency room. Body left in hospital. Husband unable to participate in cleaning/burial ritual. Buried in Syria. Husband escaped to Jordan.

- Husband remarried shortly thereafter after much pressure from family.

RR Therapy Focus:

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4. Initial letter writing to wife expressing horror and sorrow around her loss, expression of guilt, and hope for reunion when God allowed.
5. Continued relationship with her in spirit: daily conversations, considering her opinion in matters - 'What would she think/say in this matter?'

Case Study 2: revenge

Background:

Young Syrian man, militia fighter, wounded, escaped to Jordan, reuniting with family. Unwitnessed violent death of brother also fighting with militia. Continued to receive video clips from friends, encouraging his return to fight and seek revenge for brother's death - 'kill or be killed.'

Little ability to identify / communicate feelings other than rage and hatred for perpetrators. Isolating from family, increased aggression, intrusive thoughts, NMs, depression, longing to reunite with brother.

Therapy Focus:

1. Agreement made to limit exposure.
2. Retelling (writing) the imagined conversations with brother around seeking revenge.
3. Balancing cultural expectations to seek revenge and personal thoughts/feelings around leaving family. Considering his new role in the family; cultural significance and personal meaning around caring for disabled father, mother and siblings.
4. Finding new meaning to the life of the brother.

Case Study 3:
multiple /
simultaneous loss

Background: mother of 7 learned of death of 3 children after viewing via online video.

Experiencing intrusive thoughts/NMs, extreme depression and guilt around inability to save children, reenactment of protecting and reunion.

No control over events in life, including the safety/wellbeing of living children. Extreme feelings of isolation and ultimately avoided husband and living family members, including newly born grandchild.

Focus:

1. Agreement to limit exposure to videos.
2. Identified any locus of control: when to cry alone, when 'not to remember,' when to reconnect to living family.
3. Skills development in communication to reconnect with husband/children.
4. Commemorating (through pictures/pieces of clothing) life of her dead children. Was able to remember positive aspects of the lives of each, their likes/dislikes, personal characteristics.